

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of St. Paul Fire and Marine Insurance Company's insurance business in Canada. Please print or type. Attach your current Condition and Valuation Survey.

APPLICANT INFORMATION

1. Name of Applicant (<i>Owner of Vessel</i>)		2. Applicant Web Site Name
3. Address (<i>No., Street, City, Province, Postal Code</i>)		4. Telephone No.
5. Principal Business of Owner		6. Yrs. Experience as Vessel Owner
7. Total Gross Receipts for Last 12 Months	8. Total Gross Payroll for Last 12 Months	9. Total Gross "Jones Act" Payroll for last 12 Months

GENERAL INFORMATION

10. Name of Captain of Vessel		11. Age	
12. Address (<i>No., Street, City, Province, Postal Code</i>)			
13. How long employed as a captain	14. Total Yrs Experience	15. Does captain hold a Coast Guard license as a master? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. No. of Crew (<i>excluding captain</i>)
17. Attach crew list with names, positions, licenses, Date of Employment.	18. If vessel is mortgaged, amount outstanding \$		19. Mortgage Expiration Date
20. Mortgagee Name			
21. Mortgagee Mailing Address (<i>No. Street, City, Province, Postal Code</i>)			
22. Name of Present Insurer			23. Expiration Date
24. Has insurance ever been cancelled or non-renewed on this vessel or other vessels owned or operated by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain?			

DESCRIPTION OF VESSEL

If more than one vessel attach schedule. If recent vessel survey is available please attach.

25. Name of Vessel		26. Home Port		27. Official No.
28. Purchased From	29. Date	30. Purchase Price \$	31. Present Market Value \$	32. Current Replacement Value \$
33. Year Built	34. Built By			
35. Type of Vessel	36. Length	37. Beam	38. Draft	
39. Material of Hull		40. Gross Tons	41. Net Tons	
42. Has the vessel ever been classified and if so, is it still "in class"? (<i>give details</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No				
43. If vessel is a barge, is it: <input type="checkbox"/> Single Skin <input type="checkbox"/> Double Skin		44. What is cargo capacity (<i>barrels or tons</i>) and type of cargo carried?		
45. Date last drydocked	46. Where	47. Describe Work Done		
48. Date last Surveyed	49. By Whom			
50. Have all recommendations been fully complied with? (<i>If no, please explain.</i>)				
51. List all vessels owned or partly owned by applicant:				

ENGINES AND EQUIPMENT

52. Make of Main Engine	Model	Year	H.P.
53. Has engine been overhauled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate:</i>	When	By Whom	
54. Make of Generator	Model	Year	H.P.
55. Has generator been overhauled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate:</i>	When	By Whom	
56. Are engines equipped with high temperature/low oil pressure alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate:</i>	Make		
57. Does the vessel have a bilge alarm in good working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate:</i>	Make	Location	
58. Does the engine room have automatic fire extinguishing system? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate:</i>			

59. Does fire extinguishing equipment meet Coast Guard requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	60. Does the vessel have non-skid paint or surface on deck and on all ladders? <input type="checkbox"/> Yes <input type="checkbox"/> No
61. Does all safety equipment meet Coast Guard. requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list all safety equipment:</i>	

62. Describe equipment involving cargo loading and unloading:

63. Do all cranes and winches have effective guards? <input type="checkbox"/> Yes <input type="checkbox"/> No	64. If vessel is certified to carry passengers, what is the United States Coast Guard or Canadian Coast Guard passenger limit?
65. What is the average number of passengers?	66. Describe accommodations:

67. Describe all electronic, navigation, communication and special equipment:

DESCRIPTION OF OPERATIONS

68. Describe the service in which the vessel is used: *(If fishing vessel, state type of fishing and dates of operation.)*

69. What waters are navigated?

70. Dates between which the vessel will be laid up annually:
From: _____ To: _____

71. Describe maintenance *(Including haul-out schedules):*

72. Describe loss-control practices:

LOSS HISTORY

73. Attach loss runs or list losses and amounts paid and case for the last 5 years. Use separate sheet if necessary.

HULL LOSSES

Date of Loss	Description of Loss	Gross Amount (Paid/Reserve)

P & I LOSSES

Date of Loss	Description of Loss	Gross Amount (Paid/Reserve)

COVERAGE REQUIRED

HULL AND MACHINERY

74. Insured Value \$	75. Deductible \$	76. Loss Payee (if any)
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PROTECTION AND INDEMNITY

77. Limit of Liability: \$	78. Deductible \$	79. Crew Coverage <input type="checkbox"/> Include <input type="checkbox"/> Exclude
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ADDITIONAL COVERAGE REQUIRED

- | | | |
|--|--|---|
| <input type="checkbox"/> Tower Liability | <input type="checkbox"/> Excess P & I
Limit: \$ _____ | <input type="checkbox"/> War Risks |
| <input type="checkbox"/> Cargo Legal Liability | <input type="checkbox"/> Excess Collision/Tower Liability
Limit: \$ _____ | <input type="checkbox"/> War Risks |
| <input type="checkbox"/> Pollution Coverage | | <input type="checkbox"/> Hull and P & I |
| <input type="checkbox"/> Strikes, Riots and Civil Commotions | | |

REQUIRED COMPLETION - READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

Applicant's Signature X	Date
Agent's Signature X	Date